

PART B - FEE(S) TRANSMITTAL



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7590 02/16/2006

Earl Geddes
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Earl Geddes	(Depositor's name)
Earl Geddes	(Signature)
5/2/06	(Date)

05/08/2006 MBERHE1 00000069 10616570

01 FC:2501 700.00 DP
02 FC:1504 300.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/616,570	07/11/2003	Earl Rossell Geddes	1342
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TITLE OF INVENTION: ACOUSTIC WAVEGUIDE FOR CONTROLLED SOUND RADIATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/16/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BRINEY III, WALTER F	2646	381-338000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Typed or printed name Earl R. Geddes

Date 5/2/06

Registration No. _____

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